Revised December 1974 57270

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

015-5007

STATE DEPART	MENT OF HEALTH
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) SFUND RECORDS CTR
Name ALLIMANUM CO OF PMERICIA CODE NO	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Pick up Address State ALCOM AVE VERNON	Pick Up: 6-80 Time: 11pm
Telephone Number: (213) 5884/44 P.O. or Contract No 44 397333	16
Order Placed By: J HERON Date: 6-2-80	State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)	Job No.:No. of Loads or Trips: Unit No Vehicle: Davacuum truck Darrels, flatbed, other (VECIFY)
DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:	I certify (or declare) under penalty of perjury
1 🗒 Acid solution 6. 🗆 Tetraethyl lead sludge 11. 🗀 Contaminated soil and san	that the foregoing is true and correct
2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste	DISPOSER OF WASTE (Must be filled by disposer)
3. L. Pesticides 8. Tank bottom sediment 13. Latex waste	
4 () Paint sludge 9. () Oil 14. () Mud and water	Name (print or type): Checking (224) (11)
5. 🗍 Solvent 10. 🗎 Drilling mud 15. 🗆 Brine	Site Address: (alc
Components:	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)	Quantity measured at site (if applicable):State fee (if any):
	Handling Method(s):
	□ recovery
	treatment (specify): (EXAMPLES: INCINERATION, NETRALIZATION, PRECIPITATION) CODE NO.
	(EXAMPLES: INCINERATION, NE_FRALIZATION, PRECIPITATION) CODE NO. □ disposal (specify): □ pond □ spreading □ landfill □ injection well □
<u> </u>	other (specify):
5.	If waste is held for disposal elsewhere specify final location:
<u>6.</u>	Disposal Date:
Hazardous Properties of Waste:	I certify (or declare) under penalty of perjury
pH 7 - 9 Thone \square toxic \square flammable \square corrosive \square explosive	that the foregoing is true and correct.
barrels	SIGNATURE OF AUTHORIZED AGENT AND TITLE
Bulk Volume: ☐ Gat ☐ tons ☐ (42 gal.) ☐ other	The site operator shall submit a legible copy of each completed Record to the Stad Department of Health with monthly fee reports.
Containers:	proff /
Physical State: solid liquid sludge other (specify)	
Special Handling Instructions (if any):	_
NONE	
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The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler applicantel.	
that the foregoing is true and correct.	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.
SIGNATURE OF AUTHORIZED AGENT AND TITLE	D.O.Y. Proper Shipping Name